

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



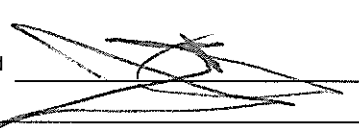
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7351</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing. Name Joe T Rodriguez P.O. Box, Bldg., Room No., if any Street 4010 Lark Street City San Diego State California ZIP Code + 4 92103	4. Name, file number, and address of labor organization. Name Teamsters Union Local No. 683 Labor Organization File Number <u>036-805</u> P.O. Box, Building and Room Number, if any Street 2731 B Street City San Diego State California ZIP Code + 4 92102
5. Position in labor organization. Business Agent \ Recording-Secretary	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Maria Cooper Trade Name, if any: Coca-Cola of San Diego P.O. Box, Bldg., Room No., if any Street 1348 47th Street City San Diego State California ZIP Code + 4 92102	7.a. Nature of Interest, Transaction, or Income. Received of 4 tickets to Legoland amusement park on January 27, 2004. 7.b. Amount. \$160

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On <u>8-12-05</u> Date	<u>619 232 7903x108</u> Telephone Number

Name of Person Filing Joe Rodriguez	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Fred Signorio</p> <p>Trade Name, if any: Healthnet</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 333. S. Arroyo Parkway</p> <p>City Pasadena</p> <p>State California ZIP Code + 4 91105</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name S.T.E.F.A. Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 207</p> <p>Street 2831 Camino Del Rio South</p> <p>City San Diego</p> <p>State California ZIP Code + 4 92108</p>	<p>11.a. Nature of such dealing.</p> <p>Medical provider.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Golf on January 29, 2004.</p> <p>12.b. Amount. \$60</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Joe Rodriguez	File Number U-
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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Mark Walsh</p> <p>Trade Name, if any: California Dental Network</p> <p>P.O. Box, Bldg., Room No., if any Suite 184</p> <p>Street 1971 E. 4th Street</p> <p>City Santa Ana</p> <p>State California ZIP Code + 4 92705-3917</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Mesa Distributing Co., Inc.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 8870 Liquid Court</p> <p>City San Diego</p> <p>State California ZIP Code + 4 92121</p>	<p>11.a. Nature of such dealing.</p> <p>Dental provider</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Lunch on February 2, 2004</p> <p>12.b. Amount. \$20</p>

Name of Person Filing Joe Rodriguez	File Number U-
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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Mark Walsh</p> <p>Trade Name, if any: California Dental Network</p> <p>P.O. Box, Bldg., Room No., if any Suite 184</p> <p>Street 1971 E. 4th Street</p> <p>City Santa Ana</p> <p>State California ZIP Code + 4 92705-3917</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Mesa Distributing Co., Inc.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 8870 Liquid Court</p> <p>City San Diego</p> <p>State California ZIP Code + 4 92121</p>	<p>11.a. Nature of such dealing.</p> <p>Dental provider.</p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Lunch on March 16, 2004</p> <hr/> <p>12.b. Amount.</p> <p align="right">\$20</p>

Name of Person Filing Joe Rodriguez

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Norma Leon

Trade Name, if any: Kaiser Permanente

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name S.T.E.F.A. Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 207

Street 2831 Camino Del Rio South

City San Diego

State California

ZIP Code + 4 92108

11.a. Nature of such dealing.

Medical provider.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Golf on September 13, 2004

12.b. Amount.

\$450

Name of Person Filing Joe Rodriguez	File Number U-
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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Bob Glaza</p> <p>Trade Name, if any: Associated Third Party Administrator</p> <p>P.O. Box, Bldg., Room No., if any Suite 200</p> <p>Street 4399 Santa Anita Avenue</p> <p>City El Monte</p> <p>State California ZIP Code + 4 91731</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name S.T.E.F.A. Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 207</p> <p>Street 2831 Camino Del Rio South</p> <p>City San Diego</p> <p>State California ZIP Code + 4 92108</p>	<p>11.a. Nature of such dealing.</p> <p>Trust administrator.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Golf on October 19, 2004</p> <p>12.b. Amount.</p> <p align="right">\$60</p>

Name of Person Filing Joe Rodriguez

File Number U-

Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any: Associated Third Party Administrator</p> <p>P.O. Box, Bldg., Room No., if any Suite 207</p> <p>Street 2831 Camino Del Rio South</p> <p>City San Diego</p> <p>State California ZIP Code + 4 92108</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name S.T.E.F.A. Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 207</p> <p>Street 2831 Camino Del Rio South</p> <p>City San Diego</p> <p>State California ZIP Code + 4 92108</p>	<p>11.a. Nature of such dealing.</p> <p>Trust Administrator</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>San Diego Teamsters Christmas Luncheon</p> <p>12.b. Amount. \$5</p>



Disclaimer

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

JE Rodriguez
Print Name

8-12-05
Date

[Signature]
Signature